STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004426	A. BUILDING _____ B. WING _____	C 08/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDISON HOUSE	2244 Q AVE NEW CASTLE, IN 47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00113379. Complaint IN00113379 - Unsubstantiated due to lack of evidence. Survey date: August 21, 2012 Facility number: 004426 Provider number: 004426 AIM number: N/A Survey team: Leslie Parrett RN TC Barbara Gray RN Angel Tomlinson RN Census bed type: Residential: 26 Total: 26 Census payor type: Other: 26 Total: 26 Sample: 3 Addison House of New Castle was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00113379. Quality review 8/22/12 by Suzanne Williams, RN	R 000		